PAGE 1/5

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Reform America Fund N4298 12 Corners Road ADDRESS (number and street) (Check if address is changed) Black Creek 54106 WI CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS lorri.pickens@reagan.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 24 2015 C00581934 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Lorri Pickens Type or Print Name of Treasurer Lorri Pickens [Electronically Filed] 07 2015 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

FEC <b>Fo</b>	rm 1 (Revised 02/2009)	Page <b>2</b>
TYPE OF C		<u>-</u>
(a)	This committee is a principal campaign committee. (Complete the candidate information below	)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Corinformation below.)	nplete the candidate
Name of Candidate		
Candidate Party Affiliation	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Con	nmittee:  (National, State	(Democratic,
(d)	This committee is a or subordinate) committee of the	Republican, etc.) Party
Political A	ction Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fund	raising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, none of which is an authorized committee of a federal candidate.	
Com	mittees Participating in Joint Fundraiser	
1.	FEC ID number	
0		
2.		
3.	FEC ID number C	

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FEC Form 1 (Revis		Page <b>3</b>
Write or Type Committee N		
Reform Amer		
	ed Organization, Affiliated Committee, Joint Fundraising Representativ	e, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Represer	tative Leadership PAC Sponsor
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the	person in possession of committee
	Pickens	
Full Name	N4298 12 Corners Road	
Mailing Address		
	Black Creek , WI ,	.54106
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	920 - 358 - 7980
<ol> <li>Treasurer: List the name any designated agent (e.</li> </ol>	e and address (phone number optional) of the treasurer of the committe g., assistant treasurer).	e; and the name and address of
Full Name Lorri P	rickens	
Mailing Address	N4298 12 Corners Road	
	Black Creek	54106
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	920 - 358 - 7980

FFC <b>F</b>	m 1 (Paying 0.2/2000)	Dogo 4
FEC FOR	m 1 (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent	Lorri Pickens	
Mailing Address	N4298 12 Corners Road	
maming / tau ooo		
	Black Creek WI 54106	6  -
	CITY STATE	ZIP CODE
Title or Position Treasurer		358 - 7980
safety deposit be	r Depositories: List all banks or other depositories in which the committee deposits funds, however or maintains funds.  Depository, etc.	olds accounts, rents
	oxes or maintains funds.	olds accounts, rents
safety deposit be	Depository, etc.  BMO Harris  1402 E. Wisconsin Ave.	olds accounts, rents
safety deposit be Name of Bank,	Depository, etc.  BMO Harris  1402 E. Wisconsin Ave.	olds accounts, rents
safety deposit be Name of Bank,	Depository, etc.  BMO Harris  1402 E. Wisconsin Ave.	
safety deposit be Name of Bank,	Depository, etc.  BMO Harris  402 E. Wisconsin Ave.	
safety deposit be Name of Bank,	Depository, etc.  BMO Harris  402 E. Wisconsin Ave.  Appleton  CITY  STATE	1
safety deposit be Name of Bank, Mailing Address	Depository, etc.  BMO Harris  402 E. Wisconsin Ave.  Appleton  CITY  STATE	I ZIP CODE
safety deposit be Name of Bank, Mailing Address	Depository, etc.  BMO Harris  402 E. Wisconsin Ave.  Appleton  CITY  STATE  Depository, etc.	I ZIP CODE
Name of Bank,  Mailing Address  Name of Bank,	Depository, etc.  BMO Harris  402 E. Wisconsin Ave.  Appleton  CITY  STATE  Depository, etc.	I ZIP CODE
Name of Bank,  Mailing Address  Name of Bank,	Depository, etc.  BMO Harris  402 E. Wisconsin Ave.  Appleton  CITY  STATE  Depository, etc.	I ZIP CODE

## : 97 A = G7 9 @ 5 B9 CI G'H9 LHF9 @ 5 H98 'HC' 5 F9 DCFHz G7 < 98 I @ 'CF' ± H9 A ± N5 H± CB

Form/Schedule: F1N Transaction ID:

Committee Name: Reform America Fund If registered, FEC ID: To be assigned Today?s Date: 07/24/15 Federal Election Commission 999 E Street, N.W. Washington, DC 20463 Re: Form 1, Statement of Organization-Unlimited Contributions To Whom It May Concern: This committee intends to make only independent expenditures. Therefore, it intends to raise funds in unlimited amounts and from sources that include corporations and labor organizations. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees. Respectfully submitted, Treasurer?s Name: Lorri Pickens, Treasurer

Form/Schedule: Transaction ID: